

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

NATIONAL INDOOR FOOTBALL)	
LEAGUE, L.L.C.)	
)	
Plaintiff,)	
v.)	CIVIL ACTION NO.: 2:02-cv-548
)	
R.P.C. EMPLOYER SERVICES,)	
INC.,)	
Defendant.)	

**DEFENDANT'S MOTION IN LIMINE
WITH RESPECT TO PLAINTIFF'S DAMAGES**

AND NOW, comes the Defendant R.P.C. Employer Services, Inc. (hereinafter "RPC"), by its attorneys, Feczko and Seymour and Michael J. Seymour, Esquire and files the following Motion in Limine with Respect to Plaintiff's Evidence of Damages:

DEFENDANT'S FIRST MOTION IN LIMINE

**WHETHER THE NUMBER OF TEAMS MAKING CLAIMS
SHOULD BE LIMITED TO TEN (10) TEAMS**

ANSWER: YES.

1. The contract between the parties is a Service Agreement which was effective March 20, 2001 and provided for payroll and Workers' Compensation services for the individual teams comprising the National Indoor Football League, Plaintiff herein and its players.

2. The League consisted of eighteen (18) teams. Of the eighteen (18) teams, only ten (10) teams submitted payroll and other information necessary for the Defendant to render the services pursuant to the Service Agreement.

3. The information required before a team was registered with the Defendant pursuant to the Service Agreement consisted of not only payroll information, but also applications for employment by individual players accompanied by forms identified as C-110's, which incorporated a players' acceptance of Ohio Workers' Compensation benefits. The complete packet of documents is P-24 of Plaintiff's List of Exhibits.

4. Plaintiff is presenting medical claims for thirteen (13) teams, but Defendant only received proper documentation for ten (10) of the thirteen (13) teams.

5. The three (3) teams which did not submit the required documentation are the Louisiana Bayou Beasts, the Mobile Seagulls and the Southern Oregon Heat. Their combined medical claims amount to \$65,833.70.

6. On August 2, 2006, Plaintiff's counsel directed correspondence to Defendant's counsel enclosing C-110 forms for these same three (3) teams. However, a review of the documents indicate that these forms are incomplete and only contain signatures with no additional information. In addition, they do not provide any confirmation that these forms were ever submitted to the Defendant and makes no reference to any of the other required documents.

7. Plaintiff's List of Exhibits includes a list of the teams which paid money to RPC, a copy of said List being Exhibit

P-23. Only ten (10) teams are listed on the Exhibit and they do not include the Louisiana Bayou Beasts, the Mobile Seagulls and the Southern Oregon Heat.

WHEREFORE, it is the position of the Defendant that based upon the evidence and Plaintiff's own Exhibit that the claims of these three (3) teams should be omitted in their entirety.

DEFENDANT'S SECOND MOTION IN LIMINE

**THE CUTOFF DATE FOR CLAIMS PRESENTED IS
APRIL 17, 201, BUT IN NO EVENT LATER THAN MAY 17, 2001**

8. The Service Agreement had an effective date of March 20, 2001 and Paragraph 2 of said Agreement provided that "RPC may terminate this Agreement immediately upon twenty-four (24) hours notice to client in the event of a material breach by client of any of the provisions to this Agreement."

9. Paragraph 11 of the Service Agreement identified acts which would constitute a material breach. They included, but were not limited to, the failure to pay the fee, the failure to report timely wage information and the failure to comply with any applicable Federal, State or local law regulation, ordinance, directive or rule.

10. Before an employee could be considered for coverage under the Ohio Workers' Compensation Law, it was necessary that they complete a Job Function Position Statement and C-110 form and provide payroll information.

11. When RPC did not receive the required information and documentation from the teams in the League, it directed a termination letter dated April 16, 2001 based upon nonpayment and noncompliance with the Service Agreement. Since this was considered a material breach, the Agreement concluded within twenty-four (24) hours of this notice. This would make the April 17, 2001 the cutoff date.

12. On the other hand, if it is determined there was no material breach then under Paragraph 2 of the Service Agreement, it provided that "During the Initial Term, RPC or Client may terminate this Agreement by giving written notice of termination to the other party thirty (30) days prior to the effective date of said termination."

13. After Plaintiff received Defendant's notice of termination, its President, Caroline Shiver, by letter dated April 17, 2001 requested the League be given thirty (30) days of additional claim coverage. Specifically, the last paragraph of said correspondence stated "We will also expect you are to cover any claims that occur at this time and over the next thirty (30) days which is covered by our contract." A copy of said letter is P-12 of Plaintiff's List of Exhibits.

14. Applying this provision of the contract and the request by the League, the cutoff date would be May 17, 2001.

WHEREFORE, Defendant requests that the damage claim by the

Plaintiff be limited to claims occurring by April 17, 2001 or no later than May 17, 2001.

DEFENDANT'S THIRD MOTION IN LIMINE

**PLAINTIFF'S CLAIM FOR DAMAGES IS LIMITED
TO THE AMOUNT OF THE SERVICE FEES PAID TO THE DEFENDANT**

15. Under the Service Agreement which is the subject of this litigation, Paragraph 14 titled Warranty provides as follows, "NOTWITHSTANDING ANYTHING CONTAINED HEREIN TO THE CONTRARY, RPC MAKES NO COVENANT, REPRESENTATION, WARRANTY OR AGREEMENT OF ANY KIND, EXPRESSED OR IMPLIED, TO CLIENT OR ANY OTHER PARTY WITH RESPECT TO THE PERFORMANCE BY EMPLOYEES OF SERVICES RENDERED TO CLIENT AS CONTEMPLATED HEREUNDER. UNDER NO CIRCUMSTANCES SHALL RPC TOTAL LIABILITY OF ANY KIND ARISING OUT OF OR RELATED TO THIS AGREEMENT, [INCLUDING BUT NOT LIMITED TO ANY WARRANTY CLAIMS HEREUNDER REGARDLESS OF THE FORM AND REGARDLESS OF WHETHER ANY ACTION OR CLAIM IS BASED ON CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE] EXCEED THE TOTAL AMOUNT PAID BY CLIENT TO RPC AS SERVICE FEES HEREUNDER [DETERMINED AS THE DATE OF ANY FINAL JUDGMENT IN SUCH ACTION.]"

16. Based upon this provision, once the amount of damages has been determined, the Court will be required to mold the verdict so as to reduce any amount of damages to no more than the amount of the service fees paid by Plaintiff to Defendant.

17. The amount of service fees paid by Plaintiff to

Defendant as alleged in Paragraphs 20 and 38 of Plaintiff's Amended Complaint was \$8,136.00.

WHEREFORE, Plaintiff's claims for damages must be reduced and limited to the amount of the service fees paid by Plaintiff to Defendant.

Respectfully submitted,
FECZKO AND SEYMOUR

s/Michael J. Seymour

Michael J. Seymour, Esquire
PA I.D. No. 00260
Feczko and Seymour
Firm I.D. #003
310 Grant Street
Suite 520 Grant Building
Pittsburgh, PA 15219
(412) 261-4970

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that I served a true and correct copy of the within Defendant's Motion in Limine with Respect to Plaintiff's Damages upon the following **electronically** on the 9th day of November, 2006:

Timothy C. Leventry, Esquire
LEVENTRY, HASCHAK, RODKEY & KLEMENTIK, LLC
1397 Eisenhower Boulevard
Richland Square III, Suite 202
Johnstown, PA 15904

s/Michael J. Seymour
Michael J. Seymour, Esquire
Counsel for Defendant

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARETM

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071

New Employee Packet

The following forms are mandatory and must be completed and returned for Human Resource / Payroll processing, for a check to be issued.

- ☐ Employee Status Box (to be completed by supervisor on application for employment)
- ☐ Application for Employment (mandatory for applicant processing) (3 pages)
- ☐ W-4 Employee's Withholding Allowance Certificate (mandatory for applicant processing)
- ☐ I-9: Employment Eligibility verification (mandatory for applicant processing)
- ☐ Photo copy of Social Security and Drivers License (or any other form of identification as listed on the I-9 Lists of Acceptable Documents (mandatory for applicant processing)
- ☐ Employment Agreement
- ☐ Payroll Direct Deposit Authorization Form
- ☐ Local Tax Form (if applicable)
- ☐ BWC Ohio Workers Compensation Form C-110 (2 pages – on second page only print employee's name and employee's signature where indicated)
- ☐ Emergency Notice Form
- ☐ Occupational Privilege Tax Form (if applicable)
- ☐ Statement of Policy
- ☐ Other _____

Client: National Indoor Football League

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please return these forms immediately to : Maureen Ciarolla– Director of Human Resources Operations

Date Received by RPC Employer Services, Inc.: _____

EXHIBIT

P-24

RPC Employer Services

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding three (3) years. Please list employers in reverse order starting with the most recent. Add another sheet if necessary.

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

EDUCATION

Please complete the following information:

	Name of School or University	City, State	Major / Degree Certification	Highest Year completed	Did you graduate?
Elementary				1 2 3 4 5 6 7 8	
High School				9 10 11 12	
College					
Other					

Applicants Signature: _____ Date: _____

Please **photocopy** and verify two forms of identification as listed on the "Lists of Acceptable Documents" and complete Section 2. Place your signature, title and the date where indicated.

Employees are to complete, sign and date Section 1.

Missing information will delay processing and possibly postpone the employee's first paycheck.

Any questions regarding the completion of this form should be directed to Stacey Hyre, RPC Employer Services. 724-843-3020 x117.

Thank you.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) on the basis of race, color, sex, religion, or national origin in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a statement for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the **INS Handbook for Employers**, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both
Identity and Employment
Eligibility

OR

LIST B

Documents that Establish
Identity

AND

LIST C

Documents that Establish
Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph (*INS Form I-551 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye-color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

RPC Employer Services, Inc.

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicants' record, whether same is of record or not, and applicant release's employers and persons named herein from all liability for any damages on account of furnishing such information.
- The applicant agrees to furnish such additional information and complete such examination as necessary to complete applicants' employment file.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment irrespective of time lapsed before discovery.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter, interviewer, or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicants Signature: _____ Date: _____

PROCESS RECORD

Hire Date: _____ Rejected Date: _____
 Position: _____ Client Assignment: _____

Rejection Comments :

Company Officer Name: _____ Date: _____
 Company Officer Signature: _____

TRANSFERS

From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____

TERMINATION OF EMPLOYEMENT

Date Terminated: _____
 Dismissed: _____ Reason: _____
 Voluntarily Quit: _____ Reason: _____
 Layoff: _____ Reason: _____
 Advisory Form in File: _____ Supervisor: _____

RPC Employer Services, Inc.

Payroll Direct Deposit Authorization

As an employee of RPC Services, Inc., you are able to have your pay directly deposited into your bank account. If you would like to do this, please complete the following. If you do not fill out ALL of the information, the processing of your information will be delayed.

NOTE: FOR VERIFICATION PURPOSES, YOUR FIRST PAYCHECK WILL NOT BE DIRECT DEPOSITED.

Employee Name: _____ Social Security Number: _____

I (we) hereby authorize RPC Employer Services, hereinafter called the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for and credit entries in error to my (our) (SELECT ONE) _____ **CHECKING** _____ **SAVINGS** account indicated below and the depository named below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ Depository Phone No. _____

City: _____ State: _____ Zip: _____

Transit/ABA number: _____

Account Number: _____

This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Date: _____

If you are selecting a checking account we MUST have a voided check attached below.

TO: ALL EMPLOYEES

FROM: RPC Employer Services, Inc.

SUBJECT: LOCAL WAGE TAX

Would you like to have your local tax deducted from your paycheck?
(Please Circle) YES NO

Signature: _____

Date: _____

In order for RPC to accurately withhold and remit your local wage tax, you must provide **ALL** of the following required information. RPC **CANNOT** accept responsibility and/or liability for incorrect or inaccurate information. Therefore if **ALL** of the following required information is not completed RPC **WILL NOT** withhold nor remit your local wage taxes.

LOCAL WAGE TAX INFORMATION

EMPLOYEE: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

COUNTY: _____

LOCALITY/MUNICIPALITY: _____

PERCENTAGE OF TAX: _____

SCHOOL DISTRICT: _____

PERCENTAGE OF TAX: _____

TAX BUREAU/COLLECTOR: _____

TAX BUREAU ADDRESS: _____

PHONE NUMBER: _____

PLEASE BE REMINDED: If you do not fill out **ALL** of the information, your local tax will **NOT** be deducted from your paycheck.

RPC Employer Services, Inc.

Emergency Notice Form

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

PHONE: _____

IN THE EVENT THEY ARE NOT AVAILABLE, OR THERE IS ANY ANONE ELSE YOU MAY WANT NOTIFIED, PLEASE LIST THAT PERSON BELOW.

NAME: _____

ADDRESS: _____

PHONE: _____

THE FOLLOWING INFORMATION IS NEEDED TO UPDATE DRIVERS FILES

NAME: _____ SS#: _____

ADDRESS: _____ DOB: _____

_____ License State: _____

PHONE: _____ License No.: _____

Spouse's Name: _____

RPC Employer Services, Inc.

OCCUPATIONAL PRIVILEGE TAX

Pennsylvania tax regulation requires payment of a \$10.00 occupation privilege tax per employee. This tax will automatically be withheld from your first paycheck unless you remit a receipt of payment for occupation tax withheld for ANY MUNICIPALITY FOR THE CURRENT YEAR with your W-4. If you submit the receipt after the tax is withheld, it will be your responsibility to recoup the extra payment from the municipality's office.

I, _____, have received notification concerning payment of occupational privilege tax.

I, _____, have received notification concerning payment of occupational privilege tax and will be submitting a copy of my receipt.

Signature: _____

Date: _____

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARE™

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071

Statement of Policy

SUBJECT: Occupational Safety Rules and Regulations
SCOPE: All employees, full-time, part-time and seasonal
PURPOSE: To establish guidelines to promote safety and accident prevention

The company believes that by establishing safety policies and accident prevention guidelines, we will be able to deter injuries in our workplace(s). It is our desire to provide the safest equipment, conditions and work environment(s) to our employees. In order to prevent injuries, all members of the company team must be aware of their role in detecting and alerting management to possible hazards. By working together, we can maintain a safe and comfortable working environment for all employees.

1. Immediately report an unsafe act or condition to your supervisor.
2. Immediately report any property damage or bodily injury to your supervisor.
3. Know where fire extinguishers are and their proper use.
4. Keep all exits unlocked and clear of blockage.
5. Know the quickest evacuation route out of your building.
6. Keep emergency telephone numbers visible and easy to access.
7. All equipment must be maintained in safe operating conditions. Refrain from using any equipment that is damaged or unfit for use. Report all incidents to your Supervisor.
8. Know your safe physical limitations when lifting or moving objects by yourself. Seek assistance when lifting heavy, awkward, or irregularly shaped materials.
9. Refrain from any unsafe act or horseplay that might endanger you or your fellow employees.
10. Be prepared for weather hazards by dressing appropriately at all times. The proper clothing and footwear will protect against extreme heat and cold, as well as hazards caused by ice, snow, sun, and water.
11. Know the Personal Protective Equipment required by your department and wear it at all times. This includes but is not limited to: Eye Protection, Hearing Protection, Clothing, Safety Shoes, or Boots, Gloves and Belts.
12. NEVER operate equipment that you have not been properly trained on.
13. Authorization must be obtained prior to using any company owned vehicle. All traffic and speed limits laws must be obeyed at all times.
14. Recognize your responsibility and role in accident prevention, it begins with you. Work safely at all times.

I have read the above in its entirety, and I acknowledge that I have been fully informed of my rights and duties and retained a copy.

Employee Signature: _____ Date: _____

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1515-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **NOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		ApL #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document Title: _____	OR	_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name: Stacey Hyre	Title: Payroll Administrator
Business or Organization Name: RPC Employer Services, Inc. 6824 Big Beaver Blvd., Beaver Falls, PA 15010-0350		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

RPC Employer Services, Inc.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

FROM: RPC Employer Services, Inc.
PO Box 350
Beaver Falls, PA 15010

TO: _____

Date: _____

To Whom It May Concern:

Mr. _____ Social Security Number _____ has
made application to this company for a position as _____ and states
that he was employed by you as a _____ from _____ to _____.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be read in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we enclose a stamped, self-addressed envelope.

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did he do? _____
3. Did he have custody of money or valuables? _____ Were his accounts properly kept? _____
4. Any record of salary garnishments? _____
5. If employed as a driver, specify equipment driven: _____
6. Number of accidents: _____ Number Preventable: _____
7. Was his driver's license ever suspended or revoked? _____
8. Reason for leaving your employ? Discharged: _____ Laid Off: _____ Resigned: _____
9. Was his general conduct satisfactory? Yes: _____ No: _____ Other: _____
10. Is he competent for the position he is seeking? Yes: _____ No: _____ Other: _____
11. Would you re-employ? Yes: _____ No: _____ Other: _____
12. Any remarks with regard to the questions above:

Date: _____ For: _____
(Name of Company)

By: _____
(Signature of person supplying information)

Detach here for your files

X _____ Date: _____
(Former Employee)

You are hereby authorized to release all information regarding my services, character, and conduct while in your employ and you are released from any and all liability which may result from furnishing such information.

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARE™

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071**APPLICATION FOR EMPLOYMENT****Worksite Employer/Client Name:** National Indoor Football League

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Must be Completed by: _____**Position:** _____**Start Date** _____**Department:** _____**Pay Rate:** _____**Circle One:** Full time / Part time / Seasonal / Temporary **Mgrs Initials:** _____**Name:** _____ **Social Security Number:** _____**Address:** _____ **Date of Birth:** _____**City/State/Zip:** _____**Phone:** _____ **County:** _____**Cellular:** _____**Address for the past three years:**_____
CITY STATE ZIP How Long? __________
CITY STATE ZIP How Long? __________
CITY STATE ZIP**Do you have the legal right to work in the United States?** _____**Have you worked for this company before?** _____ **Where?** _____**Dates:** From _____ to _____ **Rate of Pay?** _____**Position:** _____**Are you now employed?** _____ **If not, how long since leaving last job?** _____**Who referred you?** _____**Rate of Pay expected?** _____**Is there any reason you might not be able to perform the functions for the job which you have applied (as described in the attached job description)?** _____

_____**Applicants Signature:** _____ **Date:** _____

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer will withhold the correct Federal income tax your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 15, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child. • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. 	G _____
Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)		H _____
For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 2001
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption:		<div style="border: 1px solid black; width: 100px; height: 100px; background-color: #cccccc;"></div>		
• Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.				
If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARETM

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071

New Employee Packet

The following forms are mandatory and must be completed and returned for Human Resource / Payroll processing, for a check to be issued.

- ☐ Employee Status Box (to be completed by supervisor on application for employment)
- ☐ Application for Employment (mandatory for applicant processing) (3 pages)
- ☐ W-4 Employee's Withholding Allowance Certificate (mandatory for applicant processing)
- ☐ I-9: Employment Eligibility verification (mandatory for applicant processing)
- ☐ Photo copy of Social Security and Drivers License (or any other form of identification as listed on the I-9 Lists of Acceptable Documents (mandatory for applicant processing)
- ☐ Employment Agreement
- ☐ Payroll Direct Deposit Authorization Form
- ☐ Local Tax Form (if applicable)
- ☐ BWC Ohio Workers Compensation Form C-110 (2 pages – on second page only print employee's name and employee's signature where indicated)
- ☐ Emergency Notice Form
- ☐ Occupational Privilege Tax Form (if applicable)
- ☐ Statement of Policy
- ☐ Other _____

Client: National Indoor Football League

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please return these forms immediately to : Maureen Ciarolla– Director of Human Resources Operations

Date Received by RPC Employer Services, Inc.: _____

EXHIBIT

P-24

RPC Employer Services

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding three (3) years. Please list employers in reverse order starting with the most recent. Add another sheet if necessary.

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: (____) ____-____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: (____) ____-____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: (____) ____-____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: (____) ____-____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: (____) ____-____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

EDUCATION

Please complete the following information:

	Name of School or University	City, State	Major / Degree Certification	Highest Year completed	Did you graduate?
Elementary				1 2 3 4 5 6 7 8	
High School				9 10 11 12	
College					
Other					

Applicants Signature: _____ Date: _____

Please photocopy and verify two forms of identification as listed on the "Lists of Acceptable Documents" and complete Section 2. Place your signature, title and the date where indicated.

Employees are to complete, sign and date Section 1.

Missing information will delay processing and possibly postpone the employee's first paycheck.

Any questions regarding the completion of this form should be directed to Stacey Hyre, RPC Employer Services. 724-843-3020 x117.

Thank you.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) on the basis of race, color, sex, religion, or national origin in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a document for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both
Identity and Employment
Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph (*INS Form I-551 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

OR

LIST B

Documents that Establish
Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye-color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish
Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

AND

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

RPC Employer Services, Inc.

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicants' record, whether same is of record or not, and applicant release's employers and persons named herein from all liability for any damages on account of furnishing such information.
- The applicant agrees to furnish such additional information and complete such examination as necessary to complete applicants' employment file.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment irrespective of time lapsed before discovery.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter, interviewer, or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicants Signature: _____ Date: _____

PROCESS RECORD			
Hire	Date: _____	Rejected	Date: _____
Position: _____	Client Assignment: _____		
Rejection Comments : _____ _____ _____ _____			
Company Officer Name: _____		Date: _____	
Company Officer Signature: _____			
TRANSFERS			
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
TERMINATION OF EMPLOYEMENT			
Date Terminated: _____			
Dismissed: _____	Reason: _____		
Voluntarily Quit: _____	Reason: _____		
Layoff: _____	Reason: _____		
Advisory Form in File: _____	Supervisor: _____		

RPC Employer Services, Inc.

Payroll Direct Deposit Authorization

As an employee of RPC Services, Inc., you are able to have your pay directly deposited into your bank account. If you would like to do this, please complete the following. If you do not fill out ALL of the information, the processing of your information will be delayed.

NOTE: FOR VERIFICATION PURPOSES, YOUR FIRST PAYCHECK WILL NOT BE DIRECT DEPOSITED.

Employee Name: _____ Social Security Number: _____

I (we) hereby authorize RPC Employer Services, hereinafter called the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for and credit entries in error to my (our) (SELECT ONE) _____ **CHECKING** _____ **SAVINGS** account indicated below and the depository named below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account..

Depository Name: _____ Depository Phone No. _____

City: _____ State: _____ Zip: _____

Transit/ABA number: _____

Account Number: _____

This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Date: _____

If you are selecting a checking account we MUST have a voided check attached below.

TO: ALL EMPLOYEES

FROM: RPC Employer Services, Inc.

SUBJECT: LOCAL WAGE TAX

Would you like to have your local tax deducted from your paycheck?
(Please Circle) YES NO

Signature: _____

Date: _____

In order for RPC to accurately withhold and remit your local wage tax, you must provide **ALL** of the following required information. RPC **CANNOT** accept responsibility and/or liability for incorrect or inaccurate information. Therefore if **ALL** of the following required information is not completed RPC **WILL NOT** withhold nor remit your local wage taxes.

LOCAL WAGE TAX INFORMATION

EMPLOYEE: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

COUNTY: _____

LOCALITY/MUNICIPALITY: _____

PERCENTAGE OF TAX: _____

SCHOOL DISTRICT: _____

PERCENTAGE OF TAX: _____

TAX BUREAU/COLLECTOR: _____

TAX BUREAU ADDRESS: _____

PHONE NUMBER: _____

PLEASE BE REMINDED: If you do not fill out **ALL** of the information, your local tax will **NOT** be deducted from your paycheck.

RPC Employer Services, Inc.

Emergency Notice Form

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

PHONE: _____

IN THE EVENT THEY ARE NOT AVAILABLE, OR THERE IS ANY ANONE
ELSE YOU MAY WANT NOTIFIED, PLEASE LIST THAT PERSON BELOW.

NAME: _____

ADDRESS: _____

PHONE: _____

THE FOLLOWING INFORMATION IS NEEDED TO UPDATE DRIVERS FILES

NAME: _____ SS#: _____

ADDRESS: _____ DOB: _____

_____ License State: _____

PHONE: _____ License No.: _____

Spouse's Name: _____

RPC Employer Services, Inc.

OCCUPATIONAL PRIVILEGE TAX

Pennsylvania tax regulation requires payment of a \$10.00 occupation privilege tax per employee. This tax will automatically be withheld from your first paycheck unless you remit a receipt of payment for occupation tax withheld for ANY MUNICIPALITY FOR THE CURRENT YEAR with your W-4. If you submit the receipt after the tax is withheld, it will be your responsibility to recoup the extra payment from the municipality's office.

I, _____, have received notification concerning payment of occupational privilege tax.

I, _____, have received notification concerning payment of occupational privilege tax and will be submitting a copy of my receipt.

Signature: _____

Date: _____

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARETM

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6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071

Statement of Policy

SUBJECT: Occupational Safety Rules and Regulations
SCOPE: All employees, full-time, part-time and seasonal
PURPOSE: To establish guidelines to promote safety and accident prevention

The company believes that by establishing safety policies and accident prevention guidelines, we will be able to deter injuries in our workplace(s). It is our desire to provide the safest equipment, conditions and work environment(s) to our employees. In order to prevent injuries, all members of the company team must be aware of their role in detecting and alerting management to possible hazards. By working together, we can maintain a safe and comfortable working environment for all employees.

1. Immediately report an unsafe act or condition to your supervisor.
2. Immediately report any property damage or bodily injury to your supervisor.
3. Know where fire extinguishers are and their proper use.
4. Keep all exits unlocked and clear of blockage.
5. Know the quickest evacuation route out of your building.
6. Keep emergency telephone numbers visible and easy to access.
7. All equipment must be maintained in safe operating conditions. Refrain from using any equipment that is damaged or unfit for use. Report all incidents to your Supervisor.
8. Know your safe physical limitations when lifting or moving objects by yourself. Seek assistance when lifting heavy, awkward, or irregularly shaped materials.
9. Refrain from any unsafe act or horseplay that might endanger you or your fellow employees.
10. Be prepared for weather hazards by dressing appropriately at all times. The proper clothing and footwear will protect against extreme heat and cold, as well as hazards caused by ice, snow, sun, and water.
11. Know the Personal Protective Equipment required by your department and wear it at all times. This includes but is not limited to: Eye Protection, Hearing Protection, Clothing, Safety Shoes, or Boots, Gloves and Belts.
12. NEVER operate equipment that you have not been properly trained on.
13. Authorization must be obtained prior to using any company owned vehicle. All traffic and speed limits laws must be obeyed at all times.
14. Recognize your responsibility and role in accident prevention, it begins with you. Work safely at all times.

I have read the above in its entirety, and I acknowledge that I have been fully informed of my rights and duties and retained a copy.

Employee Signature: _____ Date: _____

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1515-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **NOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of an expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		ApL #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A _____)

☐ An alien authorized to work until ____/____/____ (Alien # or Admission # _____)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____

Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____

Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____	OR	_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Date (month/day/year)	
RPC Employer Services, Inc. 6824 Big Beaver Blvd., Beaver Falls, PA 15010-0350		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

RPC Employer Services, Inc.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

FROM: RPC Employer Services, Inc.
PO Box 350
Beaver Falls, PA 15010

TO: _____

Date: _____

To Whom It May Concern:

Mr. _____ Social Security Number _____ has
made application to this company for a position as _____ and states
that he was employed by you as a _____ from _____ to _____.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be read in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we enclose a stamped, self-addressed envelope.

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did he do? _____
3. Did he have custody of money or valuables? _____ Were his accounts properly kept? _____
4. Any record of salary garnishments? _____
5. If employed as a driver, specify equipment driven: _____
6. Number of accidents: _____ Number Preventable: _____
7. Was his driver's license ever suspended or revoked? _____
8. Reason for leaving your employ? Discharged: _____ Laid Off: _____ Resigned: _____
9. Was his general conduct satisfactory? Yes: _____ No: _____ Other: _____
10. Is he competent for the position he is seeking? Yes: _____ No: _____ Other: _____
11. Would you re-employ? Yes: _____ No: _____ Other: _____
12. Any remarks with regard to the questions above:

Date: _____ For: _____

(Name of Company)

By: _____

(Signature of person supplying information)

Detach here for your files

X _____ Date: _____

(Former Employee)

You are hereby authorized to release all information regarding my services, character, and conduct while in your employ and you are released from any and all liability which may result from furnishing such information.

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARE™

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071**APPLICATION FOR EMPLOYMENT****Worksite Employer/Client Name:** National Indoor Football League

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Must be Completed by: _____**Position:** _____ **Start Date** _____**Department:** _____ **Pay Rate:** _____**Circle One:** Full time / Part time / Seasonal / Temporary **Mgrs Initials:** _____**Name:** _____ **Social Security Number:** _____**Address:** _____ **Date of Birth:** _____**City/State/Zip:** _____**Phone:** _____ **County:** _____**Cellular:** _____**Address for the past three years:**_____
CITY STATE ZIP How Long? __________
CITY STATE ZIP How Long? __________
CITY STATE ZIP How Long? _____**Do you have the legal right to work in the United States?** _____**Have you worked for this company before?** _____ **Where?** _____**Dates:** From _____ to _____ **Rate of Pay?** _____**Position:** _____**Are you now employed?** _____ **If not, how long since leaving last job?** _____**Who referred you?** _____**Rate of Pay expected?** _____**Is there any reason you might not be able to perform the functions for the job which you have applied (as described in the attached job description)?** _____

_____**Applicants Signature:** _____ **Date:** _____

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer withhold the correct Federal income tax your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child. • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. 	G _____
Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶		H _____
For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 2001
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption:		<div style="border: 1px solid black; width: 100px; height: 100px; background-color: #cccccc;"></div>		
• Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.				
If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) ▶				
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARETM

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071

New Employee Packet

The following forms are mandatory and must be completed and returned for Human Resource / Payroll processing, for a check to be issued.

- ☐ Employee Status Box (to be completed by supervisor on application for employment)
- ☐ Application for Employment (mandatory for applicant processing) (3 pages)
- ☐ W-4 Employee's Withholding Allowance Certificate (mandatory for applicant processing)
- ☐ I-9: Employment Eligibility verification (mandatory for applicant processing)
- ☐ Photo copy of Social Security and Drivers License (or any other form of identification as listed on the I-9 Lists of Acceptable Documents (mandatory for applicant processing)
- ☐ Employment Agreement
- ☐ Payroll Direct Deposit Authorization Form
- ☐ Local Tax Form (if applicable)
- ☐ BWC Ohio Workers Compensation Form C-110 (2 pages – on second page only print employee's name and employee's signature where indicated)
- ☐ Emergency Notice Form
- ☐ Occupational Privilege Tax Form (if applicable)
- ☐ Statement of Policy
- ☐ Other _____

Client: National Indoor Football League

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please return these forms immediately to : Maureen Ciarolla– Director of Human Resources Operations

Date Received by RPC Employer Services, Inc.: _____

EXHIBIT

P-24

RPC Employer Services

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding three (3) years. Please list employers in reverse order starting with the most recent. Add another sheet if necessary.

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____
 Employment: from _____ to _____ Position: _____
 Reason for leaving: _____

EDUCATION

Please complete the following information:

	Name of School or University	City, State	Major / Degree Certification	Highest Year completed	Did you graduate?
Elementary				1 2 3 4 5 6 7 8	
High School				9 10 11 12	
College					
Other					

Applicants Signature: _____ Date: _____

Please **photocopy** and verify two forms of identification as listed on the "Lists of Acceptable Documents" and complete Section 2. Place your signature, title and the date where indicated.

Employees are to complete, sign and date Section 1.

Missing information will delay processing and possibly postpone the employee's first paycheck.

Any questions regarding the completion of this form should be directed to Stacey Hyre, RPC Employer Services. 724-843-3020 x117.

Thank you.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a statement for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the **INS Handbook for Employers, (Form M-274)**. You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both
Identity and Employment
Eligibility

OR

LIST B

Documents that Establish
Identity

AND

LIST C

Documents that Establish
Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph (*INS Form I-551 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

RPC Employer Services, Inc.

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicants' record, whether same is of record or not, and applicant release's employers and persons named herein from all liability for any damages on account of furnishing such information.
- The applicant agrees to furnish such additional information and complete such examination as necessary to complete applicants' employment file.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment irrespective of time lapsed before discovery.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter, interviewer, or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicants Signature: _____ Date: _____

PROCESS RECORD			
Hire	Date: _____	Rejected	Date: _____
Position: _____	Client Assignment: _____		
Rejection Comments : _____ _____ _____ _____			
Company Officer Name: _____		Date: _____	
Company Officer Signature: _____			
TRANSFERS			
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
From: _____	to _____	Date: _____	Reason: _____
TERMINATION OF EMPLOYEMENT			
Date Terminated: _____		Reason: _____	
Dismissed: _____		Reason: _____	
Voluntarily Quit: _____		Reason: _____	
Layoff: _____		Reason: _____	
Advisory Form in File: _____		Supervisor: _____	

RPC Employer Services, Inc.

Payroll Direct Deposit Authorization

As an employee of RPC Services, Inc., you are able to have your pay directly deposited into your bank account. If you would like to do this, please complete the following. If you do not fill out ALL of the information, the processing of your information will be delayed.

NOTE: FOR VERIFICATION PURPOSES, YOUR FIRST PAYCHECK WILL NOT BE DIRECT DEPOSITED.

Employee Name: _____ Social Security Number: _____

I (we) hereby authorize RPC Employer Services, hereinafter called the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for and credit entries in error to my (our) (SELECT ONE) _____ CHECKING _____ SAVINGS account indicated below and the depository named below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ Depository Phone No. _____

City: _____ State: _____ Zip: _____

Transit/ABA number: _____

Account Number: _____

This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Date: _____

If you are selecting a checking account we MUST have a voided check attached below.

TO: ALL EMPLOYEES

FROM: RPC Employer Services, Inc.

SUBJECT: LOCAL WAGE TAX

Would you like to have your local tax deducted from your paycheck?
(Please Circle) YES NO

Signature: _____

Date: _____

In order for RPC to accurately withhold and remit your local wage tax, you must provide **ALL** of the following required information. RPC **CANNOT** accept responsibility and/or liability for incorrect or inaccurate information. Therefore if **ALL** of the following required information is not completed RPC **WILL NOT** withhold nor remit your local wage taxes.

LOCAL WAGE TAX INFORMATION

EMPLOYEE: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

COUNTY: _____

LOCALITY/MUNICIPALITY: _____

PERCENTAGE OF TAX: _____

SCHOOL DISTRICT: _____

PERCENTAGE OF TAX: _____

TAX BUREAU/COLLECTOR: _____

TAX BUREAU ADDRESS: _____

PHONE NUMBER: _____

PLEASE BE REMINDED: If you do not fill out **ALL** of the information, your local tax will **NOT** be deducted from your paycheck.

RPC Employer Services, Inc.

Emergency Notice Form

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

PHONE: _____

IN THE EVENT THEY ARE NOT AVAILABLE, OR THERE IS ANY ANONE ELSE YOU MAY WANT NOTIFIED, PLEASE LIST THAT PERSON BELOW.

NAME: _____

ADDRESS: _____

PHONE: _____

THE FOLLOWING INFORMATION IS NEEDED TO UPDATE DRIVERS FILES

NAME: _____ SS#: _____

ADDRESS: _____ DOB: _____

_____ License State: _____

PHONE: _____ License No.: _____

Spouse's Name: _____

RPC Employer Services, Inc.

OCCUPATIONAL PRIVILEGE TAX

Pennsylvania tax regulation requires payment of a \$10.00 occupation privilege tax per employee. This tax will automatically be withheld from your first paycheck unless you remit a receipt of payment for occupation tax withheld for ANY MUNICIPALITY FOR THE CURRENT YEAR with your W-4. If you submit the receipt after the tax is withheld, it will be your responsibility to recoup the extra payment from the municipality's office.

I, _____, have received notification concerning payment of occupational privilege tax.

I, _____, have received notification concerning payment of occupational privilege tax and will be submitting a copy of my receipt.

Signature: _____

Date: _____

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARETM

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071

Statement of Policy

SUBJECT: Occupational Safety Rules and Regulations
SCOPE: All employees, full-time, part-time and seasonal
PURPOSE: To establish guidelines to promote safety and accident prevention

The company believes that by establishing safety policies and accident prevention guidelines, we will be able to deter injuries in our workplace(s). It is our desire to provide the safest equipment, conditions and work environment(s) to our employees. In order to prevent injuries, all members of the company team must be aware of their role in detecting and alerting management to possible hazards. By working together, we can maintain a safe and comfortable working environment for all employees.

1. Immediately report an unsafe act or condition to your supervisor.
2. Immediately report any property damage or bodily injury to your supervisor.
3. Know where fire extinguishers are and their proper use.
4. Keep all exits unlocked and clear of blockage.
5. Know the quickest evacuation route out of your building.
6. Keep emergency telephone numbers visible and easy to access.
7. All equipment must be maintained in safe operating conditions. Refrain from using any equipment that is damaged or unfit for use. Report all incidents to your Supervisor.
8. Know your safe physical limitations when lifting or moving objects by yourself. Seek assistance when lifting heavy, awkward, or irregularly shaped materials.
9. Refrain from any unsafe act or horseplay that might endanger you or your fellow employees.
10. Be prepared for weather hazards by dressing appropriately at all times. The proper clothing and footwear will protect against extreme heat and cold, as well as hazards caused by ice, snow, sun, and water.
11. Know the Personal Protective Equipment required by your department and wear it at all times. This includes but is not limited to: Eye Protection, Hearing Protection, Clothing, Safety Shoes, or Boots, Gloves and Belts.
12. NEVER operate equipment that you have not been properly trained on.
13. Authorization must be obtained prior to using any company owned vehicle. All traffic and speed limits laws must be obeyed at all times.
14. Recognize your responsibility and role in accident prevention, it begins with you. Work safely at all times.

I have read the above in its entirety, and I acknowledge that I have been fully informed of my rights and duties and retained a copy.

Employee Signature: _____ Date: _____

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1515-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **NOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____	OR	_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name: Stacey Hyre	Title: Payroll Administrator
Business or Organization Name: RPC Employer Services, Inc. 6824 Big Beaver Blvd., Beaver Falls, PA 15010-0350		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

RPC Employer Services, Inc.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

FROM: RPC Employer Services, Inc.
PO Box 350
Beaver Falls, PA 15010

TO: _____

Date: _____

To Whom It May Concern:

Mr. _____ Social Security Number _____ has made application to this company for a position as _____ and states that he was employed by you as a _____ from _____ to _____.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be read in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we enclose a stamped, self-addressed envelope.

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did he do? _____
3. Did he have custody of money or valuables? _____ Were his accounts properly kept? _____
4. Any record of salary garnishments? _____
5. If employed as a driver, specify equipment driven: _____
6. Number of accidents: _____ Number Preventable: _____
7. Was his driver's license ever suspended or revoked? _____
8. Reason for leaving your employ? Discharged: _____ Laid Off: _____ Resigned: _____
9. Was his general conduct satisfactory? Yes: _____ No: _____ Other: _____
10. Is he competent for the position he is seeking? Yes: _____ No: _____ Other: _____
11. Would you re-employ? Yes: _____ No: _____ Other: _____
12. Any remarks with regard to the questions above:

Date: _____ For: _____

(Name of Company)

By: _____

(Signature of person supplying information)

Detach here for your files

X _____ Date: _____

(Former Employee)

You are hereby authorized to release all information regarding my services, character, and conduct while in your employ and you are released from any and all liability which may result from furnishing such information.

RPC EMPLOYER SERVICES, INC.

EMPLOYSHARE™

A Program of Integrated Benefits & Services

6824 Big Beaver Boulevard • P.O. Box 350
Beaver Falls, PA 15010-0350
Tel: (724) 843-3020 • Fax: (724) 384-3071**APPLICATION FOR EMPLOYMENT****Worksite Employer/Client Name:** National Indoor Football League

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Must be Completed by: _____**Position:** _____ **Start Date** _____**Department:** _____ **Pay Rate:** _____**Circle One:** Full time / Part time / Seasonal / Temporary **Mgrs Initials:** _____**Name:** _____ **Social Security Number:** _____**Address:** _____ **Date of Birth:** _____**City/State/Zip:** _____**Phone:** _____ **County:** _____**Cellular:** _____**Address for the past three years:**_____
CITY STATE ZIP How Long? __________
CITY STATE ZIP How Long? __________
CITY STATE ZIP How Long? _____**Do you have the legal right to work in the United States?** _____**Have you worked for this company before?** _____ **Where?** _____**Dates:** From _____ to _____ **Rate of Pay?** _____**Position:** _____**Are you now employed?** _____ **If not, how long since leaving last job?** _____**Who referred you?** _____**Rate of Pay expected?** _____**Is there any reason you might not be able to perform the functions for the job which you have applied (as described in the attached job description)?** _____

_____**Applicants Signature:** _____ **Date:** _____

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer will withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child. • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. 	G _____
	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
<p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 2001
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		S
7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption:		<div style="border: 1px solid black; width: 100px; height: 100px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>		
<ul style="list-style-type: none"> • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. 				
If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number

INSTRUCTIONS-READ CAREFULLY

- This form to be used only where the Workers' Compensation Law of Ohio is to be exclusive remedy.
- One executed copy of this Agreement to be furnished to the Underwriting Section of the Bureau of Workers' Compensation within ten days after it is executed.
- Only employees signing will come within the terms of the agreement; new employees to be included in such agreement must sign a similar agreement, which agreement must likewise be signed by the employer and similarly filed.
- This form is primarily intended to be signed by several employees. However, where circumstances demand, individual agreements may be executed on this form. Additional copies will be furnished on request.
- This agreement can only be used where the employer has current Ohio Workers' Compensation coverage in effect.

Risk No. 1201109

RPC Employer Services

Name of Employer

7771 Raglan Dr. NE

Address

Warren, OHIO 44484

City

State

Zip Code

AGREEMENT

PURSUANT TO R.C. 4123.54

Revised Code Section 4123.54. "Every employee, who is injured or who contracts an occupational disease, and the dependents of each employee who is killed, or dies as the result of an occupational disease contracted in the course of employment, wherever such injury has occurred or occupational disease has been contracted, provided the same were not:

(A) Purposely self-inflicted; or

(B) Caused by the employee being intoxicated or under the influence of a controlled substance not prescribed by a physician where the intoxication or being under the influence of the controlled substance not prescribed by a physician was the proximate cause of the injury, is entitled to receive, either directly from his employer as provided in section 4123.33 of the Revised Code, or from the state insurance fund, the compensation for loss sustained on account of the injury, occupational disease or death, and the medical, nurse, and hospital services and medicines, and the amount of funeral expenses in case of death, as are provided by this chapter.

Whenever, with respect to an employee of an employer who is subject to and has complied with sections of this chapter, there is possibility of conflict with respect to the application of workers' compensation laws because the contract of employment is entered into and all or some portion of the work is or is to be performed in a state or states other than Ohio, the employer and the employee may agree to be bound by the laws of this state or by the laws of some other state in which all or some portion of the work of the employee is to be performed. The agreement shall be in writing and shall be filed with the Bureau of Workers' Compensation within ten days after it is executed and shall remain in force until terminated or modified by agreement of the parties similarly filed. If the agreement is to be bound by the laws of this state and the employer has complied with this chapter, then the employee is entitled to compensation and benefits regardless of where the injury occurs or the disease is contracted and the rights of the employee and his dependents under the laws of this state shall be the exclusive remedy against the employer on account of injury, disease, or death in the course of and arising out of his employment. If the agreement is to be bound by the laws of another state and the employer has complied with the laws of that state, the rights of the employee and his dependents under the laws of that state shall be the exclusive remedy against the employer on account of injury, disease, or death in the course of and arising out of his employment without regard to the place where the injury was sustained or the disease contracted.

If any employee or his dependents are awarded workers' compensation benefits or recover damages from the employer under the laws of another state, the amount awarded or recovered, whether paid or to be paid in future installments, shall be credited on the amount of any award of compensation or benefits made to the employee or his dependents by the bureau.

If any employee is a resident of a state other than this state and is insured under the workers' compensation law or similar laws of a state other than this state, the employee and his dependents are not entitled to receive compensation or benefits under this chapter, on account of injury, disease or death arising out of or in course of employment while temporarily within this state and the rights of the employee and his dependents under the laws of the other state shall be the exclusive remedy against the employer on account of the injury, disease, or death."

The term "injury" as used in this section and in the workers' compensation act shall include any injury received in the course of, and arising out of, the injured employee's employment.

RPC Employer Services, Inc.

WITNESS this agreement between

(Insert name of employer and state whether individual, co-partnership or corporation.)

employer, and the employees of said employer, whose signatures appear on this agreement. Said employer represents to the Bureau of Workers' Compensation that said employer is subject to and has complied with the provisions of the Workers' Compensation Law of Ohio.

Defendant's Exhibit "A"

It is mutually agree that this agreement shall remain in full force and effect until terminated or modified by agreement of the parties similarly filed as in this agreement.

hereunto affix their signatures together with their residences, date of signing and place of signing and the name of the State or States in which work is, or is to be, performed.

[illegible]

this _____ day of _____, 19____

(Title)

(This Agreement must be signed by the owner, partner, or officer if a corporation.)

INSTRUCTIONS-READ CAREFULLY

- This form to be used only where the Workers' Compensation Law of Ohio is to be exclusive remedy.
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- Only employees signing will come within the terms of the agreement; new employees to be included in such agreement must sign a similar agreement, which agreement must likewise be signed by the employer and similarly filed.
- This form is primarily intended to be signed by several employees. However, where circumstances demand, individual agreements may be executed on this form. Additional copies will be furnished on request.
- This agreement can only be used where the employer has current Ohio Workers' Compensation coverage in effect.

Risk No. 1201109

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(A) Purposely self-inflicted; or

(B) Caused by the employee being intoxicated or under the influence of a controlled substance not prescribed by a physician where the intoxication or being under the influence of the controlled substance not prescribed by a physician was the proximate cause of the injury, is entitled to receive, either directly from his employer as provided in section 4123.35 of the Revised Code, or from the state insurance fund, the compensation for loss sustained on account of the injury, occupational disease or death, and the medical, nurse, and hospital services and medicines, and the amount of funeral expenses in case of death, as are provided by this chapter.

Whenever, with respect to an employee of an employer who is subject to and has complied with sections of this chapter, there is possibility of conflict with respect to the application of workers' compensation laws because the contract of employment is entered into and all or some portion of the work is or is to be performed in a state or states other than Ohio, the employer and the employee may agree to be bound by the laws of this state or by the laws of some other state in which all or some portion of the work of the employee is to be performed. The agreement shall be in writing and shall be filed with the Bureau of Workers' Compensation within ten days after it is executed and shall remain in force until terminated or modified by agreement of the parties similarly filed. If the agreement is to be bound by the laws of this state and the employer has complied with this chapter, then the employee is entitled to compensation and benefits regardless of where the injury occurs or the disease is contracted and the rights of the employee and his dependents under the laws of this state shall be the exclusive remedy against the employer on account of injury, disease, or death in the course of and arising out of his employment. If the agreement is to be bound by the laws of another state and the employer has complied with the laws of that state, the rights of the employee and his dependents under the laws of that state shall be the exclusive remedy against the employer on account of injury, disease, or death in the course of and arising out of his employment without regard to the place where the injury was sustained or the disease contracted.

If any employee or his dependents are awarded workers' compensation benefits or recover damages from the employer under the laws of another state, the amount awarded or recovered, whether paid or to be paid in future installments, shall be credited on the amount of any award of compensation or benefits made to the employee or his dependents by the bureau.

If any employee is a resident of a state other than this state and is insured under the workers' compensation law or similar laws of a state other than this state, the employee and his dependents are not entitled to receive compensation or benefits under this chapter, on account of injury, disease or death arising out of or in course of employment while temporarily within this state and the rights of the employee and his dependents under the laws of the other state shall be the exclusive remedy against the employer on account of the injury, disease, or death."

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RPC Employer Services, Inc.

WITNESS this agreement between

(Insert name of employer and state whether individual, co-partnership or corporation.)

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- This form is primarily intended to be signed by several employees. However, where circumstances demand, individual agreements may be executed on this form. Additional copies will be furnished on request.
- This agreement can only be used where the employer has current Ohio Workers' Compensation coverage in effect.

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(A) Purposely self-inflicted; or

(B) Caused by the employee being intoxicated or under the influence of a controlled substance not prescribed by a physician where the intoxication or being under the influence of the controlled substance not prescribed by a physician was the proximate cause of the injury, is entitled to receive, either directly from his employer as provided in section 4123.35 of the Revised Code, or from the state insurance fund, the compensation for loss sustained on account of the injury, occupational disease or death, and the medical, nurse, and hospital services and medicines, and the amount of funeral expenses in case of death, as are provided by this chapter.

Whenever, with respect to an employee or an employer who is subject to and has complied with sections of this chapter, there is possibility of conflict with respect to the application of workers' compensation laws because the contract of employment is entered into and all or some portion of the work is or is to be performed in a state or states other than Ohio, the employer and the employee may agree to be bound by the laws of this state or by the laws of some other state in which all or some portion of the work of the employee is to be performed. The agreement shall be in writing and shall be filed with the Bureau of Workers' Compensation within ten days after it is executed and shall remain in force until terminated or modified by agreement of the parties similarly filed. If the agreement is to be bound by the laws of this state and the employer has complied with this chapter, then the employee is entitled to compensation and benefits regardless of where the injury occurs or the disease is contracted and the rights of the employee and his dependents under the laws of this state shall be the exclusive remedy against the employer on account of injury, disease, or death in the course of and arising out of his employment. If the agreement is to be bound by the laws of another state and the employer has complied with the laws of that state, the rights of the employee and his dependents under the laws of that state shall be the exclusive remedy against the employer on account of injury, disease, or death in the course of and arising out of his employment without regard to the place where the injury was sustained or the disease contracted.

If any employee or his dependents are awarded workers' compensation benefits or recover damages from the employer under the laws of another state, the amount awarded or recovered, whether paid or to be paid in future installments, shall be credited on the amount of any award of compensation or benefits made to the employee or his dependents by the bureau.

If any employee is a resident of a state other than this state and is insured under the workers' compensation law or similar laws of a state other than this state, the employee and his dependents are not entitled to receive compensation or benefits under this chapter, on account of injury, disease or death arising out of or in course of employment while temporarily within this state and the rights of the employee and his dependents under the laws of the other state shall be the exclusive remedy against the employer on account of the injury, disease, or death."

The term "injury" as used in this section and in the workers' compensation act shall include any injury received in the course of, and arising out of, the injured employee's employment.

RPC Employer Services, Inc.

WITNESS this agreement between

(Insert name of employer and state whether individual, co-partnership or corporation.)

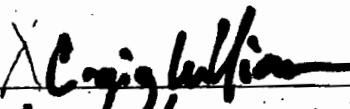
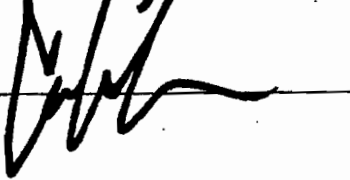
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Defendant's Exhibit "A"

It is mutually agree that this agreement shall remain in full force and effect until terminated or modified by agreement of the parties similarly filed as in this agreement.

(insert name of employer)

hereunto affix their signatures together with their residences, date of signing and place of signing and the name of the State or States in which work is, or is to be, performed.

Print Name, Plus Signature of Employee	Residence City and State	Date Signed	State where contract of employment entered into cannot be Ohio	State or States in which work is, or is to be performed
 				

this _____ day of _____, 19____

(Employer)

(Title)

(This Agreement must be signed by the owner, partner, or officer if a corporation.)

MONIES PD TO RPC

Total Includes: Gross Payroll, FICA-Medicare, FICA-Social Security, FUTA, SUTA,
Worker's Comp, Bank Debit Fee, Delivery Fee, & MGMT Fee

	WK1	WK2	TOTAL
BILLINGS OUTLAWS	\$ 4,796.46	\$ 4,796.46	\$ 4,796.46
JOHNSTOWN J'DOGS	\$ 7,188.99	\$ 7,206.84	\$ 14,395.83
LA RANGERS	\$ 6,989.77	\$ 6,958.98	\$ 13,948.75
LAKE CHARLES LANDSHARKS	\$ 7,173.90	\$ 7,173.90	\$ 7,173.90
RAPID CITY RED DOGS	\$ 7,997.97	\$ 8,438.50	\$ 16,436.47
SIOUX CITY BANDITS	\$ 8,941.02	\$ 8,941.02	\$ 8,941.02
SIOUX FALLS STORM	\$ 7,007.82	\$ 7,007.82	\$ 7,007.82
TRI-CITY DIESEL	\$ 6,793.80	\$ 6,609.42	\$ 13,403.22
MISSISSIPPI FIREDOGS	\$ 6,639.08	\$ 6,639.08	\$ 6,639.08
WYOMING CALVARY	\$ 6,426.30	\$ 6,426.25	\$ 12,852.55
TOTAL	\$ 35,396.83	\$ 70,198.27	\$ 105,595.10

EXHIBIT

P-23

MONIES PD TO RPC

Total Includes: Gross Payroll, FICA-Medicare, FICA-Social Security, FUTA, SUTA,
Worker's Comp, Bank Debit Fee, Delivery Fee, & MGMT Fee

	WK1	WK2	TOTAL
BILLINGS OUTLAWS	\$ 4,796.46	\$ 4,796.46	\$ 4,796.46
JOHNSTOWN J'DOGS	\$ 7,188.99	\$ 7,206.84	\$ 14,395.83
LA RANGERS	\$ 6,989.77	\$ 6,958.98	\$ 13,948.75
LAKE CHARLES LANDSHARKS	\$ 7,173.90	\$ 7,173.90	\$ 7,173.90
RAPID CITY RED DOGS	\$ 7,997.97	\$ 8,438.50	\$ 16,436.47
SIOUX CITY BANDITS	\$ 8,941.02	\$ 8,941.02	\$ 8,941.02
SIOUX FALLS STORM	\$ 7,007.82	\$ 7,007.82	\$ 7,007.82
TRI-CITY DIESEL	\$ 6,793.80	\$ 6,609.42	\$ 13,403.22
MISSISSIPPI FIREDOGS	\$ 6,639.08	\$ 6,639.08	\$ 6,639.08
WYOMING CALVARY	\$ 6,426.30	\$ 6,426.25	\$ 12,852.55
TOTAL	\$ 35,396.83	\$ 70,198.27	\$ 105,595.10

EXHIBIT

P-23

MONIES PD TO RPC

Total Includes: Gross Payroll, FICA-Medicare, FICA-Social Security, FUTA, SUTA,

Worker's Comp, Bank Debit Fee, Delivery Fee, & MGMT Fee

	WK1	WK2	TOTAL
BILLINGS OUTLAWS	\$ 4,796.46	\$ 4,796.46	\$ 4,796.46
JOHNSTOWN J'DOGS	\$ 7,188.99	\$ 7,206.84	\$ 14,395.83
LA RANGERS	\$ 6,989.77	\$ 6,958.98	\$ 13,948.75
LAKE CHARLES LANDSHARKS	\$ 7,173.90	\$ 7,173.90	\$ 7,173.90
RAPID CITY RED DOGS	\$ 7,997.97	\$ 8,438.50	\$ 16,436.47
SIOUX CITY BANDITS	\$ 8,941.02	\$ 8,941.02	\$ 8,941.02
SIOUX FALLS STORM	\$ 7,007.82	\$ 7,007.82	\$ 7,007.82
TRI-CITY DIESEL	\$ 6,793.80	\$ 6,609.42	\$ 13,403.22
MISSISSIPPI FIREDOGS	\$ 6,639.08	\$ 6,639.08	\$ 6,639.08
WYOMING CALVARY	\$ 6,426.30	\$ 6,426.25	\$ 12,852.55
TOTAL	\$ 35,396.83	\$ 70,198.27	\$ 105,595.10

EXHIBIT

P-23

Apr 17 01 01:24p

p. 12

EmployShare™

Focus On The Business Of Your Business

CERTIFIED MAIL/FACSIMILE

National Indoor Football League
Attn: Carolyn Shiver
League Office
600 Loire Ave
Lafayette, LA 70507

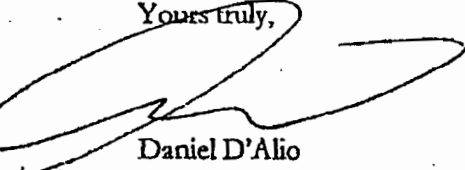
Ms. Shiver:

This letter will service as certification that RPC Employer Services, Inc. hereby is terminating our agreement effective April 13, 2001 for the reasons as follows:

Non-payment
Non-compliance

Please be advised that all agencies such as the Ohio Bureau of Workers' compensation, will be notified of this termination.

Yours truly,


Daniel D'Alio
President

CC: Bureau of Ohio Workers' Compensation
Professional Risk Management
CRA Managed Care

EXHIBIT

P-10

PO Box 8605, Warren, OH 44484
Phone: (800) 635-9961 Fax: (419) 821-0229
E-mail: ddalio@employshare.com

12

Apr 17 01 01:24p

p. 12

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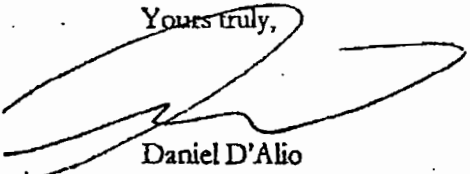
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E-mail: ddalio@employshare.com

12

04/17/2001 18:05

33789676520

**National Indoor Football League, LLC**

600 Loire Ave
Lafayette, LA 70507
PHONE (337) 896-4456
FAX (337) 896-7652

April 17, 2001

Dan D'Alio
EmployShare
P. O. Box 8605
Warren, Ohio 44484

Re: Cancellation notice dated April 16, 2001 FAX and CERTIFIED MAIL

Dear Mr. D'Alio,

Your partner company RPC Employer Services has notified us of your intent to cancel your agreement with our league. Your reasons stated is Non payment and Non-Compliance. It is totally impossible that those facts can be true. Our agreement with your firm is that no checks are cut until the teams' wire transfer of funds is received and confirmed by your office. I spoke with Maureen Ciarolla and she indicated that the Utah checks which she mailed without a wire transfer (against the terms of our agreement) had not been returned to her. That is an error because you will find enclosed the Airborne receipt for the return of those checks. Even though that was Maureen's error, we very graciously offered to pay her fees associated therewith to defray your cost for the mistake. We requested then that she not do that again under any circumstances. The next team was Billings this past week that Maureen did not fax their invoice to them in time to get the checks before the holidays. Billings requested that Maureen go ahead and send the checks. She did that for them. We called Billings and they have indeed made there wire transfer just like they told Maureen and I confirmed that with them this AM. There have been no other incidents.

Now, I know this is new for your company, but to declare our contract void, you must give us 30 days prior notice unless there is a material breach of the contract. Material breach only deals with matters concerning transferring money to you and we can more than prove that your received the monies owed to you and when you did not it was your fault as we were set up to insure that you always got your money before you paid our payroll. At the least, in the case of a material breach, you must at least give 24 hours notice. You have given us notice 3 days after a pay period ending that you will not cover the period that just occurred. You have literally given us a negative 3-day notice. That is not even in your contract, nor is it an option we will allow you to pursue. We do not read minds and talked to your staff as of Friday, April 13 concerning the account no indication of this was ever mentioned. We even received a memo from your staff as of April 13 stating what needed to be done. Then on Monday, April 16, 2001 at 4:47 PM, we receive a letter from you by fax that we were cancelled as of April 13 for illegitimate reasons that do not exist. This is some way to run a business.

No matter what your wish is, we are both trying to deal with this and with your notifying all our companies that we have no insurance, which is illegal according to our contract, you have in effect shut down 18 teams valued in excess of \$500,000 each and put owners in extreme liability. We will be pursuing legal action to protect our investment in accordance with the law.

This letter is to notify you that we will be pursuing legal action against your firm. We will also expect your to cover any claims that occur at this time and over the next 30 days which is covered by our contract. We will be happy to look for someone to take your place, but under the circumstances, we will expect our payrolls to be cut as they were faxed in this past Monday per our agreement, prior to our receiving any notice from your firm.

Sincerely,

Carolyn Shiver
Carolyn Shiver

EXHIBIT

P-12

14

04/17/2001 18:05 33789676520



National Indoor Football League, LLC
 600 Loire Ave
 Lafayette, LA 70507
 PHONE (337) 896-4456
 FAX (337) 896-7652

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Carolyn Silver
Carolyn Silver

EXHIBIT

P-12

14